

UTILITY

Attorney Docket No.

VTN-570

PATENT APPLICATION
TRANSMITTAL

First Inventor

Turner

Title

ANTIMICROBIAL LENSES AND METHODS OF THEIR USE

Express Mail Label No.

EL691442259US

(only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

ADDRESS TO: Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
3. ☒ Specification [Total Pages 38]
(Preferred arrangement set forth below)
- Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) [Total Sheets 1]
5. Oath or Declaration [Total Pages 3]
- a. ☒ Newly unexecuted (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
- i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
- b. ☐ Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement
(IDS)/PTO-1449 ☐ Copies of IDS
- Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Certifications under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other

18. ☒ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☒ Provisional prior application No. 60/309,642, filed August 2, 2001

Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below

Name: Philip S. Johnson, Esq. Address: Johnson & Johnson
One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA

20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Ruby T. Hope at:

Telephone: (732) 524-1024 Fax: (732) 524-2808

21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME Ruby T. Hope Reg. No. 34,350

SIGNATURE

DATE

December 21, 2001

12/21/01
10/029526
JC821 U.S. PTO

12/21/01

FEE TRANSMITTAL*Complete if Known*

Application Number	
Filing Date	December 21, 2001
First Named Inventor	Turner
Group Art Unit	
Examiner Name	
Attorney Docket Number	VTN-570

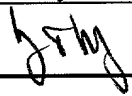
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$740.00
TOTAL CLAIMS	52- 20 =	32	x 18.00	\$576.00
INDEPENDENT CLAIMS	11 - 3 =	8	x 84.00	\$ 672.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$1,988.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/VTN-570/RH in the amount of \$1,988.00
Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/VTN-570/RH. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>	
Typed or Printed Name	Ruby T. Hope	Reg. No. 34,350	
Signature		Date: 12/21/01	Deposit Account No. 10-0750

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicant: David C. Turner

For : ANTIMICROBIAL LENSES AND METHODS OF THEIR USE

Express Mail Certificate

"Express Mail" mailing number: EL691442259US

Date of Deposit: December 21, 2001

I hereby certify that this complete non-provisional application, including specification pages, claims, informal drawings, and unsigned Declaration, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

Karen Hall-Morgan

(Typed or printed name of person mailing paper or fee)



(Signature of person mailing paper or fee)